

AMHERST HEALTH DEPARTMENT
BANGS COMMUNITY CENTER
70 BOLTWOOD WALK
AMHERST, MA 01002

APPLICATION FOR CONSTRUCTION PERMIT FOR PRIVATE SWIMMING POOL

(According to Regulations of the Amherst Health Department under Section 31, Chapter 111,
effective December 22, 1960)

No. _____ **Fee: \$50.00** Date _____

For _____ Phone _____
(Name and Location)

By _____ Phone _____
(Name, Address and phone of Builder if applicable)

Town Sewer _____ Private Sewer _____ Town Water _____ Private Well _____

Plumber _____ Other _____

Pool Size: Dimensions: _____ feet by _____ feet. Water Volume _____ Gallons

Depth: Deep End _____ Shallow End _____

How Filled: _____
(No Cross Connections Allowed)

How Drained: _____

WATER SANITATION CONTROL:

Filter: _____ Type: _____ Size: _____

Chlorination: _____ Other: _____ Type: _____

Recirculation: _____ Turnover Time: _____

Operating Instructions available at all times? _____

Test Kit Provided? _____ Other Pertinent Information: _____

Signature: _____
(Sanitarian)

Original to: **Applicant**

Copy to: **Sanitarian**

Copy to: **Inspection Services**